

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 805 550

FILING DATE

03-13-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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47		/				
48		/				
49		/				
50		/				
TOTAL IND.		3				
TOTAL DEP.		64				
TOTAL CLAIMS		67				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
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100						
TOTAL IND.	3					
TOTAL DEP.	64					
TOTAL CLAIMS	67					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS